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LEVINE BAGADE LLP



2483 East Bayshore Road
Suite 100
Palo Alto, CA 94303
Tel: 650.242.4212
Fax: 650.284.2180

Customer No. 40518

FAX

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Fax:	(571) 273-8300	Pages:	18 (including cover page)
Phone:		Date:	December 7, 2005

Comments: OFFICIAL FILING – RESPONSE TO NON-FINAL OFFICE ACTION

Application No.: 10/798,018

Filing Date: March 11, 2004

Title: SURGICAL FASTENING SYSTEM

Inventor(s): Michael D. LAUFER et al.

Examiner: G. Dawson

Group Art Unit: 3731

Attorney Docket No.: LAUFNZ00100

Papers attached:

1. Transmittal – 1 page
2. Fee Transmittal – 1 page
3. Credit Card Payment Form – 1 page
4. Response to Non-Final Office Action – 11 pages
5. Replacement Drawings – 2 pages
6. Extension of Time – 1 page

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

18

Application Number

10/798,018

Filing Date

March 11, 2004

First Named Inventor

Michael D. LAUFER

Art Unit

3731

Examiner Name

G. Dawson

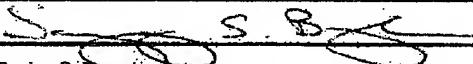
Attorney Docket Number

LAUFNZ00100

ENCLOSURES (Check all that apply)

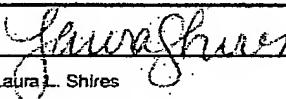
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Fax Cover Sheet - 1 page
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Levine Bagade LLP (Customer No. 40518)		
Signature			
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Date	December 7, 2005	Reg. No.	42,280

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Typed or printed name	Laura L. Shires	Date	December 7, 2005

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